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- ☐ Appln Transmit +1 copy for: ☐ Provisional ☐ CIP  
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☐ Specification \_\_\_\_\_ pgs ☒ Abstract 1 pgs  
☒ Decs 2 pgs ☐ Powers of Atty \_\_\_\_\_ pgs  
☐ Drawings \_\_\_\_\_ Sheet(s)/Figs \_\_\_\_\_ to \_\_\_\_\_  
☐ Assignment \_\_\_\_\_ pgs & Recordation Cover Sheet  
☒ Transmit Ltr Nat'l Stage Entry +fee pg (3pgs)  
☒ IPER ☒ SEARCH Rep. ☒ Pub-cover  
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☒ Information Disclosure Statement  
☒ Form PTO-1449 1 pgs. ☒ 10 References  
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KING  
in, llan

JC03 Rec'd PCT/PTO 03 MAY 2005  
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Mailing Label  
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EV 332065037 US



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code <u>27015</u>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt <input type="checkbox"/> Day <input type="checkbox"/> Night	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. <u>5</u> Day <u>3</u> Year <u>05</u>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <u>\$ 21.05</u>	Delivery Date Mo. <u>5</u> Day <u>03</u> Year <u>2005</u>	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <u>1534</u>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <u>\$ 21.05</u>	Delivery Date Mo. <u>5</u> Day <u>03</u> Year <u>2005</u>	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM	Int'l Alpha Country Code	COD Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.		
Weight <u>2</u> lbs. <u>3</u> ozs.	Acceptance Clerk Initials <u>JD</u>	Insurance Fee	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees <u>\$ 21.05</u>	Customer Signature <u>270150908</u>			

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